

TIMELINE OF WHERE WE'VE BEEN

Learning to Actively Listen

- Know each other and the struggles that we share
- Each entity trying to provide the best services possible
- Communicating with each other is fair at best
- Decided it was time to have better collaborative efforts
- Started quarterly meetings with multiple providers to improve communication and collaboration nearly 3 years ago

Collaborative Efforts

- Paperwork, process, and community needs were discussed
- Common threads were identified
- The suggestion of creating a Triage Center was made and a tour of a Las Vegas facility was done (March, 2016)
- Steering Committee planned a Stakeholders Meeting to present concept

Community Stakeholders

- Steering Committee held a Stakeholders Meeting on July 19, 2016
- Operations Committee
 (previously the Steering
 Committee) continues to meet to
 gather data, assess community
 need, and strategize about
 concepts i.e. location, financial
 investments, staffing, etc.
- Policy Committee (comprised of community stakeholders) will meet again November 8, 2017.

POLICY COMMITTEE OBJECTIVES

- To meet quarterly to further hone in on identifying the target population and needed service providers
- To review the gathered data, assess community need, and strategize about concepts
- To identify a location, financial investments/center management
- To establish optimal staffing and operational needs to assure accreditation levels are met for all partners involved

STEERING/OPERATIONS COMMITTEE OBJECTIVES

- To discuss realistic treatment options for our community as an alternative to the more costly systems of emergency services.
- To identify financial resources to support these community based alternatives which promote buy-in from stakeholders
- Promoting this as a positive alternative to the current process and gaining the support of the law enforcement community .
- To explore options for these services from medical to social interventions, case management and mobile services.

WHAT IS A COMMUNITY TRIAGE CENTER

As an alternative to the Emergency Rooms, this is a mid-level of care for those with:

- Intoxication/Substance Abuse
- Mental Illness
- Assessments for inpatient & outpatient services
- Initial case management services
- ► Referrals & service linkages
- Safe & effective treatment options for early intervention
- Discharge planning
- ▶ Clients served are often homeless, uninsured, under-insured & indigent

TARGET POPULATION

 Adults with chronic mental illness and/or substance abuse issues that exist in every community and are the "highest system users"; thus, costing the community millions of dollars.

 Those in the Emergency Rooms, Law Enforcement, Emergency Medical Services, Ambulance, Paramedics, Jail, Court rooms, Mental Health hospitals, etc.

WHY? WHERE? WHO?

- WHY THIS... WHY NOW?
 - A) Because what we currently have is not effective nor efficient for clients or providers
 - B) Because our current process contributes to the very issues we are battling
 - C) Why NOT?
- WHO NEEDS TO BE INVOLVED?

All who have a stake in building better tomorrows for our community

- WHERE WOULD WE PUT A TRIAGE CENTER?
 - This is the MILLION dollar question!
- IF WE DON'T DO THIS?

Then ... can we be surprised that our issues continue to accelerate and multiply?